RCS England: Response to Evidence Based Interventions consultation

The Royal College of Surgeons of England (RCS England) welcomes the opportunity to provide a response to the consultation on proposals developed as part of the second phase of the Evidence Based Interventions (EBI) programme.

Through the Expert Advisory Committee (EAC) to the EBI programme, we have been pleased to provide feedback on the 31 interventions considered. We have also been pleased to see the Federation of Surgical Specialty Associations (FSSA) involved at an early stage of proceedings.

Given RCS England's early involvement in the clinical aspects of the programme, this consultation response primarily focusses on how the proposals will be implemented. A summary of the points made in this submission can be found below.

Executive summary

- RCS England supports the aims of the EBI programme. We believe that NHS resource should be used wisely and proportionately, with only effective, evidence-based treatments routinely funded.

- In order to ensure equitable access to the treatments proposed in this consultation, we believe NHS England must introduce clear national guidance for CCGs' Individual Funding Request (IFR) policies, including a template IFR for CCGs. This will ensure that IFRs are fit for purpose if they are included as part of the rollout of the programme.

- RCS England continues to have concerns around the potential requirement for GPs to seek prior approval from Clinical Commissioning Groups (CCGs) to refer patients for Category 2

interventions. For patients who have already exhausted a range of treatment options prior to applying for prior approval, this is another delay that could leave patients in unnecessary pain and distress. Clinicians, after following the guidance in the EBI document, should be able to use their judgement to refer patients for treatment without recourse to unnecessary administrative hurdles.

- We are concerned that the intentions of the programme may, in the past, have been misunderstood, creating confusion among clinicians, commissioners and patients. We would encourage NHS England and its partners to clearly communicate that **no treatments have been banned**, and that this is not an attempt to ration treatments in light of the COVID-19 pandemic.

- We also recommend that a clearer distinction is made between Category 1 and Category 2 interventions, potentially through renaming the categories to communicate their status more appropriately. A failure to delineate these categories effectively may see patient access to clinically-appropriate treatments wrongly restricted or denied.

Use of Individual Funding Requests (IFRs) for Category 1 interventions

Although we recognise the need to introduce mechanisms to limit the inappropriate use of Category 1[1] interventions, we nevertheless have concerns about the reliance on Individual Funding Requests (as currently constituted) to serve this purpose.

At present, there is no central guidance or template for CCG-level Individual Funding Requests. This means CCGs can introduce IFR policies with widely varying criteria and timescales, thereby increasing regional variation for patient access to treatment. The shortcomings of the current IFR model were highlighted in a 2018 study undertaken by the *British Medical Journal* (BMJ), which found IFRs with varying criteria were being inappropriately used to restrict patient access to routine treatments.[2]

In order to ensure equitable access to the treatments proposed in this consultation, we believe NHS England should introduce national guidance for CCGs' IFR policies, including a template IFR to reduce local variation.

[1] Category 1 interventions are those where NHS England consider commissioning should be as close to zero as possible, either because they are a) ineffective or b) have been superseded by a less invasive or more effective alternative
[2] British Medical Journal (2018); 362:k3002

To better meet principles of transparency and accountability, national guidance on IFRs should consider a guaranteed maximum time period within which applications are approved or denied; opportunity clear mechanism to appeal IFR decisions; and proposals that enable patients to keep track of the progress of their IFRs.

Prior approval for Category 2 interventions

RCS England has concerns around mechanisms to ensure appropriate access to Category 2 interventions.

The first iteration of the EBI programme stated that clinicians would need to seek 'prior approval' from CCGs before a treatment could commence. We therefore assume that such a mechanism would also apply to these 31 treatments.

For patients who have already exhausted a range of treatment options before applying for prior approval, this is another delay that could leave patients in unnecessary pain and distress. Furthermore, such delay could increase patients' reliance on interim treatments such as antibiotics and painkillers, with ramifications for efforts to tackle antimicrobial resistance and opioid dependency.

In instances where patients have exhausted other treatments options, RCS England sees it as unnecessary for clinicians to apply for prior approval. Clinicians, after following the guidance in the EBI document, should be able to use their judgement to refer patients for treatment without recourse to unnecessary administrative hurdles.

We would also recommend that NHS England and Health Education England (HEE) take into account the potential impact on training opportunities of limiting access to Category 2 treatments. In instances when procedures are deemed appropriate and necessary for patients, it is important to ensure that trainees have experience to support the clinicians undertaking them.

We would also encourage NHS England to introduce a reporting scheme on the number of Category 1 and 2 treatments approved or turned down by CCGs. This will help external organisations monitor the progress of the programme and the impact it may have on patient access to certain treatments.

Enabling effective communication to support implementation and avoid unintended consequences

RCS England is pleased to have had the opportunity to work closely with NHS England and the Academy of Medical Royal Colleges (AoMRC) on the development and scrutiny of the list of treatments included in this consultation. The collaborative approach taken by NHS England during the preparatory stages of this consultation has helped secure buy-in from relevant specialties, and we encourage NHS England to continue their early engagement approach going forward.

RCS England is keen to ensure that the aims of the EBI programme are properly communicated to patients, clinicians, and the general public. In particular, we have been concerned that the intentions of the programme may, in the past, have been misunderstood, creating confusion among clinicians, commissioners and patients. We would encourage NHS England and its partners to continue to communicate that no treatments have been banned, and that this is not an attempt to ration treatments in light of the COVID-19 pandemic.

Furthermore, we would recommend that NHS England and the AoMRC take care in delineating the distinct differences between Category 1 and Category 2 treatments. Through discussions with clinicians and other surgical groups, we have become aware that some clinicians understand all treatments to fall into Category 1, with patients being told that access to these treatments is effectively impossible.

We would therefore ask that a clearer distinction is made, and reinforced by renaming the categories to communicate their status more clearly. This renaming should more accurately reflect the fact that Category 2 treatments have a sound evidence base for use in the right patients and should not be wholly removed from NHS services. A failure to delineate these categories effectively may see patient access to clinically-appropriate treatments wrongly restricted or denied.

August 2020